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To: Community Based Alternatives (CBA)
Home and Community Support Services (HCSS) Providers

Subject: Long Term Care (LTC)
Information Letter No. 02-06
Change to Approval Process for Adaptive Aids/Medical Supplies

The Texas Department of Human Services (DHS) will implement new criteria to process Individual Service Plan (ISP) change requests for adaptive aids/medical supplies identified on or after April 1, 2002. The Home and Community Support Services (HCSS) Registered Nurse (RN) will now be able to provide certain medical supplies or adaptive aids using the procedures outlined in this memo. As a result of this change, certain items will be delivered much sooner than possible under the existing prior approval process.

Summary of changes are:

- All HCSS agencies **must** deliver an Adaptive Aid that costs \$200 or less or a Medical Supply costing \$200 or less per month. This applies if the item is included on the list found in the Community Based Alternatives (CBA) provider manual and the HCSS agency RN determines there is a medical need.
- To prevent billing rejections, DHS case managers will add an additional \$1,000 for adaptive aids, \$1,000 for medical supplies and \$100 to the respective requisition fee needed to cover the costs of items delivered by the HCSS agency using these new guidelines.
- A Case Information Form (F) 2067 must be sent to the case manager after every Quarterly Nursing Assessment is performed indicating either (1) there are no changes at the quarterly nursing assessment or (2) as a cover to F3671-E requesting changes. Upon receipt of F2067, the case manager will update the ISP to include any approved or delivered items during the quarter.

An HCSS agency must continue to assure that Medicare and other third party resources are accessed prior to providing an adaptive aid/medical supply through the CBA program. When applicable, the HCSS agencies must use the emergency procurement procedures outlined in the CBA provider manual section 4424.4.2. The emergency purchase is allowed if it is precipitated by a change in the participant's condition and the purchased item, ordered by a physician, will meet his acute care needs.

Adaptive Aids and Medical Supplies Costing \$200 or Less

In order for an adaptive aid or medical supply to be delivered by the HCSS agency prior to a quarterly update, the requested item **must** meet the following criteria:

- 1) The adaptive aid that costs \$200 or less or a medical supply costing \$200 or less per month;
- 2) The requested item is included on the list of adaptive aids and medical supplies found in the CBA provider manual, section 4424.2; and
- 3) The request for changes to the participant's ISP will be considered for approval if:
 - there is a change in the participant's medical condition, functional needs or environment; or
 - a change in the caregiver's support/third party resources that have been providing services to the participant; or
 - when a CBA service or support (either a new or expansion of existing service on temporary or long term basis) is needed to adequately support a participant to live in the most integrated setting in the community. The HCSS nurse must make a determination on the basis of the necessity of the requested item, the participant's disability or medical condition, and the necessity of the service to adequately support the participant living in the most integrated setting possible in the community.

The HCSS agency must provide the participant the adaptive aid within 14 workdays and a medical supply within 5 workdays of the RN or Health Professional signature on the F3671-F or alternate form. The HCSS agency **must** continue to send the case manager a F2067, F3671 E-F, and other appropriate forms within 7 calendar days of identifying the participant's need for the item. The F2067 submitted to the case manager **must** identify the item delivered, clearly state the item meets the new adaptive aid/medical supply criteria and is being delivered to the participant.

Upon receipt of F2067, F3671 E-F and other appropriate forms advising of the delivery of an item of \$200 or less, the case manager will check that the item is on the list in the CBA provider manual, section 4424.2. If so, the case manager will sign, date, and file the F3671-E and attachments. The case manager will include the delivered item on the ISP after the next quarterly nursing assessment is performed. If the item is not on the provider manual list, the case manager will notify the HCSS agency via F2067 that the HCSS agency is not entitled to reimbursement for the delivered item.

The HCSS agency must notify the case manager via F2067, when an adaptive aid or medical supply request submitted is subsequently provided through Medicare, Medicaid or a third party resource (TPR).

If the HCSS RN determines that the participant does not have a medical need for the item requested, the request must be sent to the case manager as a final determination. The case manager will follow established requirements and notify the agency and participant of the decision.

Addition of \$1,000 for Adaptive Aids, \$1,000 for Medical Supplies and \$100 for Requisition Fees

DHS case managers will register on the Service Authorization System (SAS) and on F3671, page 1, an additional \$1,000 for adaptive aids, \$1,000 for medical supplies and \$100 for the respective requisition fees on a participant's ISP to cover items delivered by the HCSS agency using this new criteria. These additional amounts will be included on initial cases, unless doing so will exceed the Texas Index for Level of Effort (TILE) ceiling.

For ongoing cases, the amounts will be included at:

- the annual reassessment;
- when an approved service plan change is added to a participant's ISP; or
- when a F3671-E is received notifying of the delivery of an item and the additional amount has not been added to the ISP.

The HCSS agency should ensure the participant's current ISP includes enough funds to cover the cost of the adaptive aid or medical supply delivered to the participant, prior to submitting a claim for reimbursement.

Requests for Adaptive Aids or Medical Supplies Costing More Than \$200 or Adaptive Aids/Medical Supplies Not Included on the List of Adaptive Aids/Medical Supplies

The HCSS agency must continue to submit to the case manager requests for adaptive aids that cost more than \$200 or requests for medical supplies costing more than \$200 per month, or items not included on the List of Adaptive Aids/Medical Supplies found in the CBA provider manual. The HCSS agency **must** continue to send the case manager a F2067, F3671 E-F, and other appropriate forms within 7 calendar days of identifying the participant's need for the item.

The case manager will respond to the request based on the following criteria:

1. Change requests received as a result of the quarterly nursing assessment will be processed within 14 calendar days. Upon receipt of a F2067 advising that a quarterly nursing assessment was performed, the case manager will update the ISP to include any current requests and all items delivered during the quarter. A F2065 will be sent to the participant and the HCSS agency.
2. If a F3671-E is received between quarterly nursing assessments requesting an item not on the provider manual list or an item over \$200, the case manager will make a determination to approve or disapprove the item within 14 calendar days. The case manager will notify the participant and the HCSS agency via F2065.

Quarterly Nursing Assessment

The HCSS agency RN must continue to perform a thorough Quarterly Nursing Assessment to identify significant changes in a participant's condition and initiating appropriate interventions on a timely basis. HCSS agencies must now submit a Case Information, F2067, to the case manager within 7 calendar days of when a Quarterly Nursing Assessment is performed, even if no service plan changes are required. The F2067 must indicate the date of the Quarterly Nursing Assessment and if changes are being requested or not.

For contract compliance monitoring purposes, the delivery time frames for any adaptive aids or medical supplies provided using these new procedures remains the same, 14 workdays and 5 workdays respectively. Since an authorization date will not exist for the delivered item, delivery date compliance will be measured from the RN or Health Professional signature date on F3671-F or alternate form. For fiscal monitoring, Financial Error #4 will not be applicable to any adaptive aid or medical supply costing \$200 or less and delivered using these new guidelines.

Please contact your contract manager if you have any questions about this information letter.

Sincerely,

Signature on file

Becky Beechinor
Assistant Deputy Commissioner
Long Term Care Services

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